

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation California State Council of Service Employees Issues Committee		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1007 7th Street, 4th Floor		
(c) City, State and ZIP Code Sacramento, CA 95814		Individual filers only: Name of Employer _____ Occupation _____ Corporate filers only: Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Corporate filers only: Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

10 / 23 / 2012
THROUGH
10 / 23 / 2012

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

7,116.60

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Dave Kieffer

SIGNATURE

Dave Kieffer

DATE

10/24/12

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9630, Local 202-694-1100

SCHEDULE 5-E

ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
FOR LINE 7 OF FORM 5NAME OF FILER (in Full)
California State Council of Service Employee Issues CommitteeFull Name (Last, First, Middle Initial) of Payee
The Strategy Group, Inc.

Date

10 / 23 / 2012

Mailing Address

1601 Orington Avenue, Suite 1730

City

State

Zip Code

Evanston, IL 60201

Amount

7,116.00

Purpose of Expenditure

Direct Mail

Category/
Type

004

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Calendar Year-To-Date Per Election
for Office Sought

7,116.00

Disbursement For: ☐ Primary☒ General 12☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

City

State

Zip Code

Amount

Purpose of Expenditure

Category/
Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary☐ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

City

State

Zip Code

Amount

Purpose of Expenditure

Category/
Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary☐ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

7,116.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

7,116.00

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FEC Schedule 5-E

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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N/A PREPARER	N/A DATE PREPARED

(5/2004)